

XIX. HOSPICE

Current Providers: _____

Funding Sources: _____

Total Funding Last Fiscal Year: _____

Number of Consumers Served Last Fiscal Year: _____

Cost per Unit (for each funding source): _____

A. EXISTENCE Are these services available to older and disabled adults in your community?		
1. Does your community have at least one provider that offers: In-home hospice services? Hospice care in a nursing facility or adult care home? Hospice care in a freestanding hospice facility?	Yes Yes Yes	No No No
2. If your community does not have any/all of the above types of hospice programs, are there programs in neighboring communities or counties that could provide: In-home hospice services? Hospice care in a nursing facility or adult care home? Hospice care in a freestanding hospice facility?	Yes Yes Yes	No No No
3. Does your community have at least one Medicare certified hospice provider that offers: Routine home care? Continuous care? Short term general inpatient care? Inpatient respite care?	Yes Yes Yes Yes	No No No No
4. If your community does not have one of the above levels of care, are there Medicare certified programs in neighboring communities or counties that could provide: Routine home care? Continuous care? Short term general inpatient care? Inpatient respite care?	Yes Yes Yes Yes	No No No No
5. Is there at least one non-profit hospice agency in your community?	Yes	No

6. Is there at least one for-profit hospice agency in your community?	Yes	No
OVERALL EXISTENCE RATING	1 2 3 4 5	

B. ADEQUACY	
Are these services in sufficient supply for those who need it?	
<p>1. Are there waiting lists for hospice services? If so, how many people are waiting for each type?</p> <p>Why is there a waitlist (ex. Lack of funding, no provider)?</p> <p>(How many people are on the waiting list for each type of hospice service in your community? How many currently receive service? What is the ratio of the number waiting ÷ the number of people receiving services? How does the ratio compare to state rates and similar counties? If there is not a waiting list, is it because everyone who qualifies receives services, because it is not agency policy to keep a waiting list, etc.?)</p>	<p>Yes No</p>
<p>2. If there is a waiting list, how acceptable is the average waiting time?</p> <p>(What is the average waiting time? How many people did not need hospice services anymore by the time they reached the top of the waiting list?)</p>	<p>1 2 3 4 5</p>
<p>3. How adequate is funding to provide a sufficient amount of hospice services in your community to all who need it?</p> <p>(What funding sources pay for hospice services in your community? Are there longer waiting lists for certain payer sources? What is the per capita expenditure on hospice services in your community? How does this compare to the state average and similar counties?)</p>	<p>1 2 3 4 5</p>
<p>4. How adequate is the variety of hospice settings in your community?</p> <p>(Can patients in your community access hospice services in a variety of settings? How many facilities offer institutional hospice care in your community? Do hospice agencies, residential facilities, and institutional facilities with hospice services accept varied funding sources?)</p>	<p>1 2 3 4 5</p>
<p>5. How adequate are the maximum lengths of stay in your community's institutional hospice programs?</p> <p>(What is the maximum length of stay in inpatient or residential hospice care per funding source? What % of consumers utilize the maximum allowed by funding source?)</p>	<p>1 2 3 4 5</p>
<p>6. To what extent does your community have a sufficient</p>	<p>1 2 3 4 5</p>

<p>workforce to meet hospice service delivery needs?</p> <p>(How many vacant hospice nursing aide or social work positions are there currently? How long does it take to fill a vacant position on the average? What are the average annual aide and social worker turnover rates? How has turnover affected services to hospice patients?)</p>	
<p>7. To what extent do persons have choices as to hospice providers in your community?</p> <p>(What choices do consumers have in the selection of providers according to policies, regulations and procedures? What factors limit these choices (e.g. diagnosis, income, geographic location)?)</p>	1 2 3 4 5
OVERALL ADEQUACY RATING	1 2 3 4 5

C. ACCESSIBILITY

How obtainable are these services for those most in need?

1. How successful are the outreach programs conducted for Hospice services in your community? (What types of public information, outreach, and other informational programs are offered to the general public, caregivers, and others? What % of consumers are self referred?)	1 2 3 4 5
2. To what extent have initiatives been undertaken in your community to inform people of advance care planning documents? (Have healthcare professionals and community leaders in your community been trained to facilitate discussions on end of life care wishes? What types of public information are available to the general public, caregivers, and others on advance care planning? What % of hospice clients have advance care planning documents?)	1 2 3 4 5
3. To what degree are public communications and outreach activities consumer-friendly? (What is the average reading level of materials? Are they available in large print and/or Braille? Are they available in languages other than English?)	1 2 3 4 5
4. To what degree do older and disabled adults and their caregivers know about hospice services in your community?	1 2 3 4 5
5. To what extent do key referral sources (hospital discharge planners, physicians and nurses, home health care agencies, etc.) know about hospice services in your community? (What % of consumers are from key referral sources? What % of these referrals are appropriate?)	1 2 3 4 5
6. To what extent are hospice services affordable to everyone who needs assistance? (What funding sources are accepted by hospice providers in your community? What is the per capita expenditure (for all older and disabled adults) on hospice nursing aide services in your community? What happens if a person can't afford hospice care?)	1 2 3 4 5
7. To what extent is funding available to consumers who have been identified as economically needy?	1 2 3 4 5

<p>(How many economically needy people receive this service? What is the number of economically needy people receiving this service ÷ total number of people receiving this service? How does the proportion compare to the state rate and similar counties? Do providers offer sliding-scale fees?)</p>	
<p>8. Do hospice programs in your community serve people with AIDS?</p> <p>(What % of current hospice patients have AIDS? Has anyone been turned away in the past 5 years because they had AIDS? If so, why?)</p>	<p>Yes No</p>
<p>OVERALL ACCESSIBILITY RATING</p>	<p>1 2 3 4 5</p>

D. EFFICIENCY AND DUPLICATION OF SERVICES

How reasonable are the costs of services?

Are options for streamlining services available in the community?

<p>1. If there is more than one residential hospice facility in your community, to what extent are the costs of residential beds comparable?</p> <p>(What is the average cost of hospice care in a residential hospice facility? How does this average compare to state averages and similar counties? Are the costs of some residential hospice beds prohibitive?)</p>	1 2 3 4 5
<p>2. If there are multiple providers of hospice care, to what extent do they work together to serve consumers and accomplish projects?</p> <p>(What scheduled meetings occur among these providers? Do hospice providers have any cooperative agreements with each other? How often do providers collaborate on projects or cases? Do they share expenses and facilities for training aides or social workers?)</p>	1 2 3 4 5
<p>3. How adequate and timely are the providers' screening and referral procedures?</p> <p>(What are the screening and referral policies, rules and procedures? How long on average, does it take from initial contact to screening? If consumers are not eligible or appropriate for one agency's services, are there provisions for referring him/her to another provider who better meets his needs? Do agencies have enough information about each other to refer appropriately? What % are referred to other agencies/services? What % of referred consumers receive services from the agency to which they were referred?)</p>	1 2 3 4 5
<p>4. To what extent do hospice providers use budget-extending practices, such as fundraisers, foundation grants, memorial gifts, or consumer contributions to serve more consumers?</p> <p>(What % of volunteers are active? What % of hospice patients receive volunteer services? What % of providers' revenues come from these sources?)</p>	1 2 3 4 5
OVERALL EFFICIENCY AND DUPLICATION RATING	1 2 3 4 5

E. Equity					
How available are these services to all who need them without bias?					
1. To what extent are hospice services available to all geographic areas in your community? (Where are providers located? Are there any areas of your community where providers can't serve?)	1	2	3	4	5
2. To what degree are hospice services available to all populations in your community without bias? (What are the demographic characteristics of hospice consumers? How do consumer characteristics (%) compare to the characteristics of your community's general older and disabled adult population in terms of age, ethnicity, and gender?)	1	2	3	4	5
3. To what degree does payer source influence the amount or type of services the consumer receives? (Are there differences in services provided to subsidized vs. fee paying consumers?)	1	2	3	4	5
4. How sufficient are hospice services providers' nondiscrimination policies? (What are the providers' nondiscrimination policies? Do they differ from state and federal law? How are consumers and employees made aware of these policies? Have there been any allegations of discrimination in service delivery or hiring by any hospice providers?)	1	2	3	4	5
OVERALL EQUITY RATING	1	2	3	4	5

F. Quality/Effectiveness	
How successful are these services in addressing consumers' needs?	
1. Are the hospice providers in your community licensed by the State of North Carolina?	Yes No
2. Are the hospice providers (agencies not workers) in your community accredited?	Yes No
3. Are the hospice providers (agencies not workers) in your community Medicare / Medicaid certified?	Yes No
4. Do the hospice agencies and/or institutional facilities in which hospice care is offered in your community have any formal complaints or state regulatory violations on record? (What are the number and type of complaints made to county and state agencies? How many have been substantiated? By provider what is the number of complaints per 1,000 residents and how do they compare to state rates and similar counties?)	Yes No
5. Do third party payers regularly monitor Hospice providers?	Yes No
6. To what extent does your community have an active End of Life Care Coalition? (Does your community's End of Life Care Coalition provide community education and outreach programs? What recent programs has the coalition sponsored or helped coordinate in order to raise community-wide standards for advance care planning, pain management, palliative care, and education and support with end of life issues?)	1 2 3 4 5
7. To what extent do the providers have staff adequately trained to deal with emergencies and/or special needs? (What types of training and/or certifications are required of hospice providers before they can be hired? Do providers offer continuing education to nursing aides and staff members? If so, what kinds? What % of hospice providers are certified in CPR and first aid? What kinds of training do hospice providers receive on the specific philosophies of hospice care, especially pain management and end of life care?)	1 2 3 4 5
8. To what extent are continuing educational opportunities available to hospice nursing aides in your community? (What training is provided in or near your community? Who	1 2 3 4 5

provides this training [In-house, community colleges, or private]? How many providers pay for continuing education for Hospice nursing aides? How often are these workshops or courses offered?)	
9. To what extent is grief counseling or training offered to hospice staff? (What types of grief counseling or training is offered to staff? How often? Who provides the counseling or training? Is it mandatory or optional? If optional, what % of staff participate? Is there any evidence that the counseling/training has impacted turnover rates or staff satisfaction?)	1 2 3 4 5
10.If your community has an hospice inpatient or residential facility, how adequate are the minimum staff to client ratio in institutional hospice programs?	1 2 3 4 5
11.To what extent do hospice services honor cultural difference of their patients and families? (How do providers honor cultural differences? How early do providers approach the family's cultural beliefs, especially with regards to end of life care and death? Do providers make accommodations for patient and family's special requests? Have providers had any complaints	1 2 3 4 5
12. To what extent do hospice providers regularly communicate unmet needs to county commissioners, planning boards, and other agencies? (Are providers represented in meetings of county commissioners, planning boards, and other agencies?)	1 2 3 4 5
13. To what extent does a Board of Directors or other advisory committee guide the operations of the Hospice providers? (Who is on the Board of Directors or advisory committee? How often do they meet? What are the responsibilities of the Board of Directors or advisory committees?)	1 2 3 4 5
14. To what extent do hospice providers survey consumers and their families to determine satisfaction of services? (Is consumer satisfaction surveying an on-going process? Have consumers and their families been surveyed in the last 5 years? If so, what process was used? What were the major findings?)	1 2 3 4 5
15. To what extent do providers act on consumer feedback?	1 2 3 4 5

(What policy and/or programmatic changes have occurred in the past 5 years as a direct result of client feedback?)	
16. How sufficient are the provider's complaint resolution process? (What are the complaint resolution processes? How many complaints were documented last year at each agency? What was the nature of the complaints? What % were rectified?)	1 2 3 4 5
17. To what extent are hospice nursing aides in your community permitted or authorized to do the specific tasks consumers or family members want them to do? (Are consumers requesting tasks that are not permitted, by policy or law, to perform?)	1 2 3 4 5
18. To what extent are participants enrolled in a timely manner? (What is the average length of time from initial contact until services are rendered?)	1 2 3 4 5
19. To what extent do hospice providers collaborate with other community organizations such as faith-based organizations to help consumers with additional needs? (What meetings and collaborations occur among hospice agencies and others with respect to other supportive services? What % of hospice consumers are referred to other services/providers? What % actually receive other services? What are the most common additional services received by hospice consumers?)	1 2 3 4 5
20. To what extent do the programs allow consumers and/or caregivers to participate in decisions about the services that are being provided? (i.e., scheduling of tasks, scheduling of arrival, choice of provider, revision of care plan)?	1 2 3 4 5
21. How acceptable are the average wages for hospice staff members in your community? (What are the average hourly pay rates for staff employed by each provider? What are the highest and lowest pay rates for each provider? How does this compare to state averages and similar counties? Is there any way for a dedicated and skilled aide to move into a job with more responsibilities and higher pay?)	1 2 3 4 5

22.To what extent do hospice providers offer benefits (such as health insurance, mileage, educational stipends, etc.) to staff members? (What standard benefits are offered to hospice staff members? How does this compare to the state norm? What % of hospice staff members receive each type of benefit in your community?)	1	2	3	4	5
OVERALL QUALITY/EFFECTIVENESS RATING	1	2	3	4	5

Recap of Overall Hospice Ratings					
Existence	1	2	3	4	5
Adequacy	1	2	3	4	5
Accessibility	1	2	3	4	5
Efficiency and Duplication	1	2	3	4	5
Equity	1	2	3	4	5
Quality/ Effectiveness	1	2	3	4	5

Hospice's Major Strengths:

Identified Barriers and Areas for Improvement: